

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Hamilton Telecommunications

Service Provider Name
Hamilton Telecommunications

Company Address, City, State, Zip
1001 12th Street
Aurora, NE 68818

Service Provider Type Wireless X Wireline

Name(s) of Wireless License Holder(s)

Contact Name
JoAnne Lambert

Contact Tel #
402-694-5101 ext 272

Fax #
402-694-2848

E-mail Address
joanne@hamilton.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):
Hamilton County, Nebraska (partial)
Hall County, Nebraska (partial)

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
PSAP for Hamilton County is in Aurora, Nebraska at the Hamilton County Sheriff's office
PSAP for Hall County is in Grand Island, Nebraska

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.
Translations are completed and in use.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.
No problems

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4**Certification - To be signed by an authorized representative of the reporting entity**

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 11/01/01.

Signature JoAnne Lambert

Printed name of authorized representative JoAnne Lambert

Title Billing Assistant

Date March 7, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

